

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080282

FILED
Apr 10, 2007
Secretary of State

Entity Name: FUTURE STAR PRODUCTIONS L.L.C.

Current Principal Place of Business:

2441 S.W.85 TERRACE
MIRAMAR, FL 33025 US

New Principal Place of Business:

15 NW 152 ST.
MIAMI, FL 33169 US

Current Mailing Address:

2441 S.W.85 TERRACE
MIRAMAR, FL 33025 US

New Mailing Address:

15 NW 152 ST
MIAMI, FL 33169 US

FEI Number: 81-0677627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, KWAME M SR.
2441 S.W. 85 TERRACE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

RILEY, KWAME M SR.
15 NW 152 ST.
MIAMI, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RA

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RILEY, KWAME M SR.
Address: 2441 S.W. 85 TERRACE
City-St-Zip: MIRAMAR, FL 33025 US

Title: MGRM () Delete
Name: RILEY, KERRY S
Address: 2441 S.W. 85 TERRACE
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RILEY, KWAME M SR.
Address: 15 NW 152 ST
City-St-Zip: MIAMI, FL 33169 US

Title: MGRM (X) Change () Addition
Name: RILEY, KERRY S
Address: 15 NW 152 ST
City-St-Zip: MIAMI, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KWAME M. RILEY

MGR

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date